

## STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE

## **COLLECTION SERVICES BOARD**

500 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243-1155 615-741-1741 Fax 615-253-1179 www.tn.gov/commerce/boards/collect

## **APPLICATION FOR LOCATION MANAGER RE-EXAMINATION**

(Complete this form if you failed to pass or failed to sit for your examination).

FEE: \$50.00	(Print this form and for	ward with \$50.00 to th	e address above).
RE-TAKE EXAM DATE:			
APPLICANT NAME:			
ADDRESS:	City	State	Zip Code
PLACE OF BUSINESS:	•		
ADDRESS:	0''	01.1	7:01
Street SOCIAL SECURITY NUMBER:	City	State	Zip Code
APPLICANTS TELEPHONE NUMBE	:R: Home ( )	Office (	)
INDICATE THE PREVIOUS DATE(S	) THAT YOU SAT FOR T	HE EXAMINATION(S)	:
DATE(S)	/		
Candidates for the Location Manager wis apply to the Board Office thirty (30) day Collection Service Board will notify Prom three times you will be required to wait o	s prior to retaking the exam. letric of your request for re-e	Upon receipt of this app	lication and fee the
After you are notified by the Collection S contact Promertic to re-schedule the exa a \$50.00 non-refundable re-examination	ım date and time. When reg		
	Applicants Signatu	re	